



Prenatal  
Care  
Provider:

Phone:

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Estimated Delivery Date: \_\_\_\_\_

**This patient may have routine dental evaluation and care,**  
including but not limited to:

- Oral health examination
- Root canal treatment
- Dental x-ray with abdominal and neck lead shield
- Local anesthetic with epinephrine
- Restoration (amalgam or composite) fillings
- Dental prophylaxis
- Extraction

Known Allergies: \_\_\_\_\_

Precautions: ☐ None ☐ Specify (If any): \_\_\_\_\_

Patient may have: (Check all that apply)

- ☐ Acetaminophen with codeine for pain control
- ☐ Alternative pain control medication: (Specify)

- ☐ Penicillin
- ☐ Clindamycin
- ☐ Erythromycin (Not estolate form)
- ☐ Amoxicillin
- ☐ Cephalosporins

DO NOT HESITATE TO CALL FOR QUESTIONS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For help in finding a HUSKY Health Dentist call

**1-855-CT-DENTAL**

**Monday-Friday 8:00 AM-5:00 PM**